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26646 7590 05/03/2005

**KENYON & KENYON**  
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**NEW YORK, NY 10004**  
**08/09/2005 NNGUYEN2 00000062 110600 09913375**

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

<i>Linda Study</i>	(Depositor's name)
<i>[Signature]</i>	(Signature)
<i>Aug 3, 2005</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/913,375	11/29/2001	Norbert Hanik	2345/163	9519

**TITLE OF INVENTION:** METHOD FOR MONITORING THE TRANSMISSION QUALITY OF AN OPTICAL TRANSMISSION SYSTEM, NOTABLY AN OPTICAL WAVELENGTH-DIVISION MULTIPLEX NETWORK

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	08/03/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
PASCAL, LESLIE C	2633	398-027000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	1. <u>Kenyon &amp; Kenyon</u>
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)	3. _____

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(A) NAME OF ASSIGNEE

Deutsche Telekom AG

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Bonn, Federal Republic of Germany

Please check the appropriate assignee category. Categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) *if necessary* Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies 10 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-0600 (enclose an extra copy of this form).

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 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Richard L. Mayer*Typed or printed name Richard L. Mayer Reg. No. 54784Date Aug 3, 2005Registration No. 22,490

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